

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3228

State File No.

Registration District No. 297

Primary Registration District No. 30.57

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether)
In this community All Her Life
years, months or days)

3. (a) PRINT FULL NAME Amanda Brown

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife C.W. Brown Deceased 6. (c) Age of husband or wife if alive 11 years
7. Birth date of deceased Jan. 11 th. 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 12 Days 0 If less than one day
hr. min.

9. Birthplace Ray Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

MOTHER FATHER { 12. Name Jim Francis
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Julia Ann Francis
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Amelia Francis

(b) Address Richmond Mo.

17. (a) Burial (b) Date thereof 1-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond Mo. Cem.

18. (a) Signature of funeral director

(b) Address Richmond Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray
(c) City or town Richmond Mo. 309 S. Camden
(If outside city or town limits, write "RURAL")
(d) Street No. 209S. Camden Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country U.S.A.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23nd,
year 1943 hour 8 minute 15 M.

21. I hereby certify that I attended the deceased from Nov. 1942 to Jan 23, 1943
that I last saw her alive on Jan 21, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Large Ovarian Cyst unknown
myocardial insufficiency
Due to

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (c) Means of injury
23. Signature GW Gairgo (M. D. or other) M.D.
Address Richmond Mo Date signed 1-25-43

RECEIVED

District Health Officer No. 6

District File Number.....

Date Filed 2-10-43

RECEIVED
FEB 11 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

J.B. Brothens

....., Registered Apprentice No.....

working under my personal supervision.

Brothers Funeral Home

Signed.....
J.B. Brothens

Licensed Embalmer No..... 2001.

P. O. Address..... Richmond Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3228
Registrar's No. 2

Registration District No. 297

Primary Registration District No. 3057

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Amanda Brown

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 79 Months 12 Days 20 If less than one day min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Jan 25 1943 (b) Mrs. (Lena W.) Shippard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Jan day 25 year 1943 hour 10 minute 15 M.

21. I hereby certify that I attended the deceased from 19 to 19; that I saw him alive on 19; and that death occurred on the date and hour stated above. Immediate cause of death.

Due to.

Due to.

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations.

Of autopsy.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (c) Means of injury

23. Signature (M. D. or other)

Address Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

1. The first part of the document is a list of names and addresses, which appears to be a directory or a list of contacts. The names are written in a cursive script, and the addresses are listed below them. The list is organized into two columns, with names on the left and addresses on the right.

2. The second part of the document is a series of short, handwritten notes or messages. These are written in a cursive script and are arranged in a list format. Each note is preceded by a number, indicating its order in the sequence. The notes are written on separate lines, and some are indented, suggesting a hierarchical or organized structure.

3. The third part of the document is a series of short, handwritten notes or messages, similar to the second part. These are also written in a cursive script and are arranged in a list format. Each note is preceded by a number, indicating its order in the sequence. The notes are written on separate lines, and some are indented, suggesting a hierarchical or organized structure.

4. The fourth part of the document is a series of short, handwritten notes or messages, similar to the second and third parts. These are also written in a cursive script and are arranged in a list format. Each note is preceded by a number, indicating its order in the sequence. The notes are written on separate lines, and some are indented, suggesting a hierarchical or organized structure.

5. The fifth part of the document is a series of short, handwritten notes or messages, similar to the second, third, and fourth parts. These are also written in a cursive script and are arranged in a list format. Each note is preceded by a number, indicating its order in the sequence. The notes are written on separate lines, and some are indented, suggesting a hierarchical or organized structure.

6. The sixth part of the document is a series of short, handwritten notes or messages, similar to the second, third, fourth, and fifth parts. These are also written in a cursive script and are arranged in a list format. Each note is preceded by a number, indicating its order in the sequence. The notes are written on separate lines, and some are indented, suggesting a hierarchical or organized structure.

7. The seventh part of the document is a series of short, handwritten notes or messages, similar to the second, third, fourth, fifth, and sixth parts. These are also written in a cursive script and are arranged in a list format. Each note is preceded by a number, indicating its order in the sequence. The notes are written on separate lines, and some are indented, suggesting a hierarchical or organized structure.

8. The eighth part of the document is a series of short, handwritten notes or messages, similar to the second, third, fourth, fifth, sixth, and seventh parts. These are also written in a cursive script and are arranged in a list format. Each note is preceded by a number, indicating its order in the sequence. The notes are written on separate lines, and some are indented, suggesting a hierarchical or organized structure.

9. The ninth part of the document is a series of short, handwritten notes or messages, similar to the second, third, fourth, fifth, sixth, seventh, and eighth parts. These are also written in a cursive script and are arranged in a list format. Each note is preceded by a number, indicating its order in the sequence. The notes are written on separate lines, and some are indented, suggesting a hierarchical or organized structure.

10. The tenth part of the document is a series of short, handwritten notes or messages, similar to the second, third, fourth, fifth, sixth, seventh, eighth, and ninth parts. These are also written in a cursive script and are arranged in a list format. Each note is preceded by a number, indicating its order in the sequence. The notes are written on separate lines, and some are indented, suggesting a hierarchical or organized structure.